

JOHNE'S TEST FORM**ANIMAL HEALTH LABS**

2230 OLD PENITENTIARY ROAD

BOISE, ID 83712

PHONE: (208) 332-8570 / FAX: (208) 334-4619

Date Sent: _____ Via: _____.

(Mail; Bus; Carrier; etc.)

Date Bled/Collected: _____.

Export to _____ By (date) _____.

LAB USE ONLY Accession # _____

Number of Specimens _____ Specimen Type _____.

Number of Animals _____ Test Requested _____.

Refer to _____.

VETERINARIAN / CLINIC

(Veterinarian Name)

(Clinic Name)

(Address)

(City, State, Zip Code)

OWNER

(Name)

(Address)

(City, State, Zip Code)

County Animal(s) resides:

Type of Specimen: Serum _____. **Fecal** _____.**Species:** _____ **Breed:** _____ **Sex:** F M **Age:** _____ **Weight:** _____.

Number of Animals in Group: _____ Number Sick: _____ Number Dead: _____ Date/Hour of Death: _____.

All results are mailed to the Clinic. You may request results by PHONE (#) (_____) or by FAX (#) (_____) Please Note: There is a \$1.00 per page fee for all faxes.

ANIMAL IDENTIFICATION (Tag Numbers; Names; etc.):

(1)	(11)	(21)
(2)	(12)	(22)
(3)	(13)	(23)
(4)	(14)	(24)
(5)	(15)	(25)
(6)	(16)	(26)
(7)	(17)	(27)
(8)	(18)	(28)
(9)	(19)	(29)
(10)	(20)	(30)

HISTORY (Including Vaccinations; Symptoms; Sickness Duration; Treatment, etc.):